

624

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	<u>Pima Graham</u>	BUREAU OF VITAL STATISTICS	State Index . . . No. <u>107a</u>
District		ORIGINAL CERTIFICATE OF DEATH	County Registrar's - No. _____
Town or city	<u>Pima</u>		Local Registrar's - No. _____
2. FULL NAME <u>John Daniel Holiday</u>		(If death occurred in a hospital or institution, give its NAME instead of street number)	
(a) Residence. No. _____		St. _____ Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		How long in U. S. if of foreign birth?	
_____ yrs.	_____ mos.	_____ yrs.	_____ mos. _____ ds.
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word)	
5a. If married, widowed, or divorced			
HUSBAND of _____			
(or) WIFE of <u>Rebecca Fanny Dull</u>			
6. DATE OF BIRTH (month, day and year)			
7. AGE <u>75</u> Years	Months <u>7</u>	Days <u>8</u>	IF LESS than 1 day hrs. _____ or min. _____
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work <u>None</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTH PLACE (city or town) (State or Country) <u>California</u>			
10. NAME OF FATHER <u>John Daniel Holiday</u>			
11. BIRTHPLACE OF FATHER (State or country) <u>Calif.</u> (city or town) _____			
12. MAIDEN NAME OF MOTHER <u>Mahala Ann</u>			
13. BIRTHPLACE OF MOTHER (State or country) <u>Calif.</u> (city or town) _____			
14. Informant (Address) _____			
15. Filed <u>26</u> <u>1926</u> <u>11</u> <u>1926</u> Local Registrar.			
V. S. No. 1 _____ County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>7/24</u> 19 <u>26</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>May 1</u> 19 <u>26</u> to <u>7/27</u> 19 <u>26</u> that I last saw him alive on <u>7/27</u> 19 <u>26</u> and that death occurred, on the date stated above, at <u>11 a</u> m. The CAUSE OF DEATH was as follows: <u>Heart Failure</u>			
CONTRIBUTORY (secondary) <u>Diabetes</u> (duration) _____ yrs. _____ mos. _____ ds.			
18. Where was disease contracted (if not at place of death?) <u>yes</u> (duration) _____ yrs. _____ mos. _____ ds.			
Did an operation precede death? <u>no</u> date of <u>7-20</u>			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>no</u>			
Signed <u>W. E. Plath</u> M. D. 19 <u>Thurs</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homic (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pima</u>		DATE OF BURIAL <u>7/29</u> 19 <u>26</u>	
20. UNDERTAKER <u>Joe Rackey</u>		ADDRESS <u>Pima, Ariz.</u>	